

<i>SERFF Tracking Number:</i>	<i>AGNY-125526674</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-07</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Security Guard Firms Coverage Enhancement - 102000319</i>		
<i>Project Name/Number:</i>	<i>Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07</i>		

Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, AIG Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Security Guard Firms Coverage SERFF Tr Num: AGNY-125526674 State: Arkansas Enhancement - 102000319

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AIC-08-GL-07

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Christine Wynter

Disposition Date: 03/11/2008

Date Submitted: 03/11/2008

Disposition Status: Approved

Effective Date Requested (New): 04/06/2008

Effective Date (New):

Effective Date Requested (Renewal): 04/06/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Security Guard Firms Coverage Enhancement Program

Status of Filing in Domicile: Pending

Project Number: AIC-08-GL-07

Domicile Status Comments: This filing is being submitted simultaneously in all states.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/11/2008

State Status Changed: 03/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The companies submit for your review and approval their Security Guard Firms Coverage Enhancement Program, Form No. 97221 (1/08).

<i>SERFF Tracking Number:</i>	<i>AGNY-125526674</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-07</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Security Guard Firms Coverage Enhancement - 102000319</i>		
<i>Project Name/Number:</i>	<i>Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07</i>		

Please refer to the attached forms listing for information concerning this form.

Company and Contact

Filing Contact Information

Christine Wynter, Filings Analyst	Christine.wynter@aig.com
175 Water Street, 17th Floor	(212) 458-7066 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	

American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	

AIG Casualty Company	CoCode: 19402	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-1118791	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

SERFF Tracking Number: AGNY-125526674 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-GL-07
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Security Guard Firms Coverage Enhancement - 102000319
Project Name/Number: Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07

National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania
Pittsburgh, Pa.
70 Pine Street Group Code:
New York, NY 10270 Group Name: Company Type:
(212) 770-7000 ext. [Phone] FEIN Number: 25-0687550 State ID Number:

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania
70 Pine Street Group Code: Company Type:
New York, NY 10270 Group Name: State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 02-0172170

The Insurance Company of the State of CoCode: 19429 State of Domicile: Pennsylvania
Pennsylvania
70 Pine Street Group Code: Company Type:
New York, NY 10270 Group Name: State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 13-5540698

SERFF Tracking Number: AGNY-125526674 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-GL-07

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Security Guard Firms Coverage Enhancement - 102000319

Project Name/Number: Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per group.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	03/11/2008	
New Hampshire Insurance Company	\$0.00	03/11/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	03/11/2008	
American Home Assurance Company	\$0.00	03/11/2008	
American International South Insurance Company	\$0.00	03/11/2008	
AIG Casualty Company	\$50.00	03/11/2008	18501816
Commerce and Industry Insurance Company	\$0.00	03/11/2008	
Granite State Insurance Company	\$0.00	03/11/2008	

<i>SERFF Tracking Number:</i>	<i>AGNY-125526674</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-07</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Security Guard Firms Coverage Enhancement - 102000319</i>		
<i>Project Name/Number:</i>	<i>Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/11/2008	03/11/2008

SERFF Tracking Number:	AGNY-125526674	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-GL-07		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Security Guard Firms Coverage Enhancement - 102000319		
Project Name/Number:	Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07		

Disposition

Disposition Date: 03/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>AGNY-125526674</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-07</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Security Guard Firms Coverage Enhancement - 102000319</i>		
<i>Project Name/Number:</i>	<i>Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Security Guard Firm Coverage Enhancement	Approved	Yes

SERFF Tracking Number: AGNY-125526674 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-GL-07
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Security Guard Firms Coverage Enhancement - 102000319
 Project Name/Number: Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Security Guard Firm Coverage Enhancement	97221	(1/08)	Endorsement/Amendment/Conditions	New	0.00	97221 (108) - Security Guard Firm Form.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. forms a part of Policy No.
issued to by

SECURITY GUARD FIRMS COVERAGE ENHANCEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Subject to the additional premium charged, the policy is hereby amended as follows:

1. Section I – Coverages, Coverage A Bodily Injury and Property Damage, 1. Insuring Agreement, a., is hereby deleted in its entirety and replaced with the following:

- a.** We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. This includes "bodily injury or property damage" because of any "wrongful act" committed by you, or any person for whose acts you are legally liable, in connection with your rendering, or failure to render, "professional services". We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result, But:

- (1)** The amount we will pay for damages is limited as described in Section **III – Limits Of Insurance**; and
- (2)** Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages **A** or **B** or medical expenses under Coverage **C**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages **A** and **B**.

- 2. SECTION 1 – COVERAGES, COVERAGE A. – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, a.,** is hereby deleted in its entirety and replaced with the following:

- a.** “Bodily injury” or “property damage” expected or intended from the standpoint of the “insured”. However, this exclusion shall not apply to “bodily injury” or “property damage” resulting from the use of reasonable force committed by an employee of the insured to protect any person(s) or property.

- 3. Section I – Coverages, Coverage A Bodily Injury and Property Damage, 2. Exclusions, j. Damage to Property,** is hereby deleted in its entirety and replaced with the following:

j. Damage To Property

"Property damage" to:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;
- (2) Premises you sell, give away, or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you.
- (4) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or
- (5) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs (1) and (3) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III. Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4) and (5) of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph (5) of this exclusion does not apply to "property damage" included in the “products completed operations hazard”.

4. With respect to the coverage provided by this endorsement, **Section III - Limits of Insurance**, is hereby revised to add the following:

8. Limited coverage for damage to property in your care, custody or control is added to the policy, subject to:

- i. maximum value per any one item, *subject to*:
 - (a) a separate occurrence limit; and
 - (b) a separate annual aggregate limit; and
- ii. a per occurrence deductible.

5. **Commercial General Liability Declarations** page is hereby amended to add:

DAMAGE TO PROPERTY IN YOUR CARE, CUSTODY OR CONTROL:

MAXIMUM VALUE PER ITEM:	\$ _____,
<i>subject to an:</i>	
OCCURRENCE LIMIT:	\$ _____
and an	
ANNUAL AGGREGATE LIMIT:	\$ _____
DEDUCTIBLE	\$ _____
(per occurrence)	

6. For purposes of this endorsement, **Section V -- Definitions** is hereby amended to include the following additional definitions:

“Wrongful act” means the actual or alleged negligent act, error or omission of an insured arising out of the insured’s rendering, or failure to render, “professional services”.

“Professional services” means the rendering of security guard services pursuant to a written contract, including watchman, patrol and checkpoint services and related consulting services. “Professional services” shall not include EMT services or operations.

All other terms, exclusions, and conditions of this policy remain unchanged.

AUTHORIZED REPRESENTATIVE

<i>SERFF Tracking Number:</i>	<i>AGNY-125526674</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-07</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Security Guard Firms Coverage Enhancement - 102000319</i>		
<i>Project Name/Number:</i>	<i>Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125526674 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-GL-07
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Security Guard Firms Coverage Enhancement - 102000319
Project Name/Number: Security Guard Firms Coverage Enhancement Program/AIC-08-GL-07

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 03/11/2008

Comments:

Attachment:

03-11-08 - PCTD-1. doc.pdf

Satisfied -Name: Forms Listing
Review Status: Approved 03/11/2008

Comments:

Attachment:

Form Listing.pdf

Property & Casualty Transmittal Document

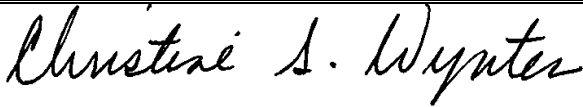
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
AIG Casualty Company	PA	19402	25-1118791
American Home Assurance Company	NY	19380	13-5124990
American International South Insurance Company	PA	40258	02-6008643
Commerce And Industry Insurance Company	NY	19410	13-1938623
Granite State Insurance Company	PA	23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550
New Hampshire Insurance Company	PA	23841	02-0172170
The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698

5. Company Tracking Number	AIC-08-GL-07
-----------------------------------	--------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Christine Wynter 175 Water St., 17 th Fl New York, NY 10038	Filings Analyst	(212) 458-7066	(212) 458-7077	Christine.wynter@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Christine S. Wynter		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2/Other Liability/Occurrence Only
10. Sub-Type of Insurance (Sub-TOI)	17.2001/Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Exclusion For Special Events With Limited Exception Endorsement
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: April 6, 2008 Renewal: April 6, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	March 11, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-GL-07
------------	--	--------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

This filing consists of one (1) endorsement to be used with the Security Guard Firms Coverage Enhancement Program – 97221 (1/08).

Please refer to the attached forms listing for information concerning this form.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount: \$50.00</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AIC-08-GL-07		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Security Guard Firms Coverage Enhancement	97221 (1/08))	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Form Listing

Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
Security Guard Firms Coverage 1 Enhancement	97221 (1/08)	Endorsement	New	n/a	Optional	Clarifies	NO	This endorsement provides bodily injury or property damage coverage due to any wrongful act which is committed by the Insured or any personfor whos acts thie Insured is legally liable

A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)

Yes or No